# 510(k) Summary SYNCHRON® Control

K013235

# 1.0 Submitted By:

Mary Beth Tang Regulatory Specialist, Product Submissions Beckman Coulter, Inc. 200 S. Kraemer Blvd., W-104 Brea, California 92822-8000 Telephone: (714) 961-3777 FAX: (714) 961-4123

#### 2.0 Date Submitted:

September 26, 2001

# 3.0 Device Name(s):

# 3.1 Proprietary Names

SYNCHRON® Control

#### 3.2 Classification Name

Quality Control Material (21 CFR §862.1660)

#### 4.0 Predicate Device(s):

SYNCHRON® Control	SYNCHRON® Control	Beckman Coulter, Inc.	K003488
SYNCHRON Systems Reagent	Predicate	Manufacturer	Docket Number

# 5.0 **Description**:

The SYNCHRON® Control kit consists of three levels of controls (Levels 1, Level 2, and Level 3) for use on the SYNCHRON Systems. There are a total of 6 bottles (two 20-mL bottles per level). SYNCHRON® Controls are made from stabilized human serum and are designed to monitor the performance of SYNCHRON Systems in the clinical laboratory. SYNCHRON Control serum is prepared from fresh frozen human plasma that has been defibrinated and, then, it is stabilized with ethylene glycol.

#### 6.0 Intended Use:

SYNCHRON® Controls are made from stabilized human serum and are designed to monitor the performance of SYNCHRON Systems in the clinical laboratory. SYNCHRON Control levels, 1, 2, and 3 bear a quantitative relationship to each other; Level 2 is manufactured by combining equal quantities of levels 1 and 3. The use of three levels enable the laboratorian to monitor changes in calibration and linearity along with analytical error and imprecision.

### 7.0 Comparison to Predicate(s):

The modified SYNCHRON Control claims substantial equivalence to the SYNCHRON Control currently in commercial distribution (K003488). The modified SYNCHRON Control contains vancomycin and the current product does not.

# 8.0 **Summary of Performance Data:**

Stress stability studies of the SYNCHRON Control support the stability claim of 18 months.

This summary of safety and effectiveness is being submitted in accordance with the requirements of the Safe Medical Device Act of 1990 and the implementing regulation 21 CFR 807.92.

# DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 2098 Gaither Road Rockville MD 20850

OCT 1 6 2001

Ms. Mary Beth Tang Regulatory Affairs Specialist Beckman Coulter, Inc. 200 S. Kraemer Boulevard M/S W-104 Box 8000 Brea, California 92822-8000

Re: k013235

Trade/Device Name: SYNCHRON® Control Regulation Number: 21 CFR 862.1660

Regulation Name: Quality Control Material (Assayed and Unassayed)

Regulatory Class: I, reserved

Product Code: JJY

Dated: September 26, 2001 Received: September 28, 2001

Dear Ms. Tang:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Steven I. Gutman, M.D., M.B.A.

Director

Division of Clinical Laboratory Devices

Steven Butman

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

#### **Indications for Use Statement**

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510(k) Number (if known):

Not yet assigned K013235

**Device Name:** 

SYNCHRON® Control

Indications for Use:

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Concu	irrence of C	DRH, Office	of Device Evaluation (ODE)
	Division of	gn-Off) Clinical Laborator ber <u>KO / 3.2</u>	
Prescription Use _ (per 21 CFR 801.1	09)	OR	Over-the-Counter Use Optional Format 1-2-96